

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000115551

Entity Name: MPO PROPERTIES, LLC**Current Principal Place of Business:**260 TAMiami TRAIL NORTH
NAPLES, FL 34102**Current Mailing Address:**ATTN: LEGAL DEPT.
5400 KENNEDY AVENUE
CINCINNATI, OH 45213 US**FEI Number:** 46-0951643**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MAULSBY, GILBERT H DR.
1020 CROSSPOINTE DRIVE, SUITE 103
NAPLES, FL 34110 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** GILBERT H. MAULSBY, M.D.

02/04/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MAULSBY, GILBERT H. DR.
Address 1020 CROSSPOINTE DRIVE
SUITE 103
City-State-Zip: NAPLES FL 34110

Title MANAGER
Name POMERANZ, STEPHEN J DR.
Address 5400 KENNEDY AVENUE
City-State-Zip: CINCINNATI OH 45213

Title MANAGER
Name OLMSTED, ADAM K DR.
Address 1020 CROSSPOINTE DRIVE
SUITE 103
City-State-Zip: NAPLES FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GILBERT H. MAULSBY, MD

MGR

02/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date